

For calendar year 19____ or fiscal year beginning _____, 19____ and ending _____, 19____ **66**

Print or Type	Name of estate or trust 1	Check 5a <input type="checkbox"/> Estate if: 5b <input type="checkbox"/> Trust	Decedent's social security number _____
	Name and title of fiduciary 2		Trust's or estate's federal I.D. number _____
Check Applicable Box(es)	Address of fiduciary - number and street or rural route 3		For DOR use only
	City, town, or post office _____ State _____ ZIP code _____ 4		
	6 1 <input type="checkbox"/> Amended return <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust 2 <input type="checkbox"/> Final return <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Complex trust <input type="checkbox"/> Initial return <input type="checkbox"/> Grantor trust <input type="checkbox"/> Charitable remainder trust		
	88		
	81		

Income and Additions to Income	7 Federal taxable income from federal Form 1041 - <i>attach copy of Form 1041</i>	7		00
	8 Additions to federal taxable income:			
	a. Federal distribution to beneficiaries	8a		00
	b. Federal estate tax deduction	8b		00
	c. Federal exemption	8c		00
	d. Arizona income from other fiduciaries	8d		00
	e. State or municipal bond interest other than Arizona	8e		00
	f. Other additions to federal taxable income - <i>attach schedule</i>	8f		00
	9 Total additions - <i>add lines 8a through 8f</i>	9		00
	10 Total - <i>add lines 7 and 9</i>	10		00
Subtractions From Income	11 Subtractions from federal taxable income:			
	a. Interest received on U.S. obligations	11a		00
	b. Federal income from other fiduciaries	11b		00
	c. Arizona estate tax deduction	11c		00
	d. Arizona distribution to beneficiaries	11d		00
	e. Agricultural crops contributed to Arizona charitable organizations	11e		00
	f. Alternative fuel vehicles and refueling equipment	11f		00
	g. Other subtractions from federal taxable income - <i>attach schedule</i>	11g		00
	12 Total subtractions - <i>add lines 11a through 11g</i>	12		00
Arizona Net Income Tax Computation	13 Arizona adjusted gross income - <i>subtract line 12 from line 10</i>	13		00
	14 Exemption: \$1,000 for an estate; \$100 for a trust	14		00
	15 Arizona taxable income - <i>subtract line 14 from line 13</i>	15		00
	16 Tax on amount on line 15 - <i>see Tax Rate Table on page 9 of instructions</i>	16		00
	17 Credit for taxes paid to other states or countries	17		00
	18 Balance of tax - <i>subtract line 17 from line 16. If line 17 is more than line 16, enter zero</i>	18		00
Payments	19 Arizona estimated tax payments	19		00
	20 Payment with extension	20		00
	21 Payment with original return (if amending) plus all payments after it was filed	21		00
	22 Total payments - <i>add lines 19 through 21</i>	22		00
	23 Refund from original return (if amending)	23		00
	24 Balance of payments - <i>subtract line 23 from line 22</i>	24		00
Balance Due or Overpayment	25 Balance due - <i>subtract line 24 from line 18 if line 18 is more than line 24</i>	25		00
	26 Refund due - <i>subtract line 18 from line 24 if line 24 is more than line 18</i>	26		00
	27 Amount of line 26 to be applied to your 1999 estimated tax	27		00

DOR USE ONLY **82**

NOTE: BE SURE TO COMPLETE THE QUESTIONS ON PAGE 2.
DO NOT ATTACH REQUESTS FOR INCOME TAX CERTIFICATES TO THIS FORM.

Please Sign Here	DECLARATION			
	I declare under the penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return.			
	Signature of fiduciary or officer representing fiduciary	Date	Signature of person other than taxpayer or agent	Date
	Address of fiduciary or officer		Preparer's TIN	Name of firm or employer, if any

Answer These Questions	1 Check if this return is for a short taxable year	<input type="checkbox"/>
	2 Have Arizona income tax returns been filed for the four (4) years preceding date of death ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
	If no, explain	
	
	3 Date of decedent's death or date trust established. Month Day Year	
	4 Was a fiduciary return filed the preceding year? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
	5 If a copy of the will or trust instrument has been previously furnished, state when and where:	
	
	6 Check whether this return was prepared on the cash <input type="checkbox"/> or accrual <input type="checkbox"/> basis.	
	7 Has the federal government made an additional assessment on the income of this estate in the last four (4) years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, submit a detailed report with this return.		
8 If return is for a trust, state name and address of grantor:		
.....		
.....		
.....		